

**STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE  
WATER WELL STANDARDS & CONTRACTORS' LICENSING BOARD  
P.O. BOX 95007, LINCOLN, NE 68509-5007**

**APPLICATION FOR RE-EXAMINATION FOR LICENSURE OR CERTIFICATION**

**(Please type or print legibly)**

I hereby apply for re-examination of:

\_\_\_\_\_ Section I, The Nebraska Section

\_\_\_\_\_ Section II, The Water Well Monitoring Section

**Section III, The Specialized Categories**

\_\_\_\_\_ General Drilling

\_\_\_\_\_ Pump Installation

\_\_\_\_\_ Section IV, Natural Resources Ground Water Technician

1. Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)
2. Business Name: \_\_\_\_\_
3. Business Mailing Address: \_\_\_\_\_  
(Street, P.O. Box, Route, Etc.)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
4. Residence Mailing Address: \_\_\_\_\_  
(Street, P.O. Box, Route, Etc.)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_  
(Disclosure of your social security number is mandated by the Nebraska Child Support Law. Its usage by the Department of Health and Human Services Regulation and Licensure, in regard to this application, is to allow the Department to distinguish between persons who have the same or similar names. You will not be denied a license or certificate if you do not disclose your social security number.)
6. Occupation: \_\_\_\_\_ Number of Years in Occupation: \_\_\_\_\_
7. License/Certificate Number (if appropriate): \_\_\_\_\_
8. Examination date requested (regular dates set by the Department): \_\_\_\_\_

I, \_\_\_\_\_, say that I am the person referred to in this application, that I have completed the above application, and that the information I have provided is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Applicant)